

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WITHIN CORPORATE LIMITS OF
STATE OF MARYLAND—CERTIFICATE OF DEATH

10411

1. PLACE OF DEATH

County

Harford

(131)

Registration Dist. No.

185

Village or City

Sainte de Grace

St.,

Ward

No. Hospital

Length of residence in city or town where death occurred

yrs.

mos.

6

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

mos.

ds.

2. FULL NAME

(a) Residence: No.

John E. Annes,

Owings
Bel Air Md.

St.,

Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Male

white

widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Widowed

6. DATE OF BIRTH (month, day, and year)

Aug 23-1861

7. AGE

Years
75Months
1Days
10If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Maryland

MOTHER FATHER

13. NAME

Charles W. Annes

14. BIRTHPLACE (city or town)
(State or country)

Maryland

15. MAIDEN NAME

Margaret Mackellar

16. BIRTHPLACE (city or town)
(State or country)

Maryland

17. INFORMANT

(Address)

Willard F. Annes

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

Forest M. E. Cem Oct 5, 1936

1936

20. FILED

(Address)

Date

Registar.

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting V. S. No. 1.

21. DATE OF DEATH

October 3, 1936
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Aug 27, 1936, to Oct 3, 1936

I last saw him alive on Oct 3, 1936; death is said

to have occurred on the date stated above, at 8:20 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Chronic nephritis
Nephritis-

Date of onset

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) _____ M. D.
(Address) _____

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

*RECEIVED
OCT 8 1928*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10412

1. PLACE OF DEATH

County

Harford
Rocks

186-1

Registration Dist. No.

183

Village or City

St.

Ward

Length of residence in city or town where death occurred 6 yrs. — mos. — ds. How long in U. S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME

(a) Residence No.

John Henry Ayres Jr.
Rocks

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (Check the word)

Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

March 21, 1926

7. AGE

10

Years

6

Months

22

Days

22

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

School Boy

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

(State or country)

Chelhowie

Bush Co Va.

MOTHER FATHER

13. NAME

John Henry Ayres

14. BIRTHPLACE (city or town)

(State or country)

N.C.

15. MAIDEN NAME

Fannie Lew Sparks.

16. BIRTHPLACE (city or town)

(State or country)

N.C.

17. INFORMANT

(Address)

Fannie J. Ayres
Rocks

18. BURIAL, CREMATION, OR REMOVAL

Place

Sharon Baptist church Oct 15, 1936

19. UNDERTAKER

(Address)

E.G. Kuntz & Son
Garrettville, Md.

20. FILED

Oct. 13, 1936

Thos. P. Brown

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct

13

(Month)

(Day)

1936
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 6, 1936, to Oct. 13, 1936

I last saw him alive on Oct. 6, 1936; death is said to have occurred on the date stated above, at 5 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Haemorrhage of Brain

Date of onset

Other Contributory Causes of importance:

Accident.

Name of operation

none

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct 6, 1936

Where did injury occur? Rock P. and

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Fall
on head.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Charles W. Woodward M. O.

(Address) Rock P. and

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

RECEIVED
NOV 2 1936
BUREAU V. S.

Other contributory causes of importance:

Gallstones	Date of onset
	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10413

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County *Hartford Co.*Village or City *"Near" Schucks Corner*

107-ad

Registration Dist. No. *182*St. *Ward*Length of residence in city or town where death occurred *30* yrs. *mos.* *ds.* How long in U. S. if of foreign birth? *mos.* *ds.*2. FULL NAME *Lawrence Winfield Baxter*(a) Residence: No. *"Near" Schucks Corner*

(Usual place of abode)

If U. S. Veteran, specify WAR

St. *Ward*

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>MARRIED</i>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of*Bell H Baxter*6. DATE OF BIRTH (month, day, and year) *January 12-1851*7. AGE *85* Years *9* Months *12* Days If LESS than
1 day, *hrs.*
or *min.*

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year) *5/21*

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) *Sharon Springs**NY*13. NAME *Lawrence W. Baxter*14. BIRTHPLACE (city or town)
(State or country) *Sharon Springs**NY*15. MATURE NAME *Lydia Heape*16. BIRTHPLACE (city or town)
(State or country) *Sharon Springs**NY*17. INFORMANT *Mrs. Bell H. Baxter*(Address) *Bethel Air Mo*18. BURIAL, CREMATION, OR REMOVAL
Place *Mt. Zion* Date *Oct 27, 1936*19. UNDERTAKER *Dean & Foster*(Address) *Bethel Air*20. FILED *Oct 26, 1936* M. C. Richardson

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH *Oct 24*

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from *Oct. 23*, 1936, to *Oct. 24*, 1936.I last saw him alive on *Oct. 24th*, 1936; death is said to have occurred on the date stated above, at *11:30 P.M.*

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Hypostatic pneumonia Date of onset *Oct. 22, 1936**Pneumonia* *causes*
Duration: three days.

Other Contributory Causes of importance:

Arterio sclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *No*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *A. F. Van Gilder* M. D.
(Address) *Bethel Air, Mo.*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	NOV 6 1930	Date of onset
Chronic interstitial nephritis		1921
Cerebral hemorrhage	JULY 11 1925	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10414

1. PLACE OF DEATH

County

Bayford,
Fallston

2107

Registration Dist. No.

St., Ward

Village or City

Length of residence in city or town where death occurred

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)
yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Male White Married

5a. If married, widowed, or divorced.

HUSBAND OF
(or) WIFE OF

6. DATE OF BIRTH (month, day, and year)

Feb. 10, 1898

7. AGE Years Months Days If LESS than
38 8 10 1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Md.

MOTHER FATHER

13. NAME Albert Beale

14. BIRTHPLACE (city or town)
(State or country)

Md.

15. MAIDEN NAME Sarah J. Hildt

16. BIRTHPLACE (city or town)
(State or country)

Md.

17. INFORMANT Mrs. Mildred Beale

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Friendship Date Mar. 3, 1936

19. UNDERTAKER Burmuday's Livery
(Address)

Benson, Md.

20. FILED Nov. 2, 1936
(Address)N.E. Richardson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

October

31

(Month) (Day), (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 31, 1936, to Oct. 31, 1936

I last saw him alive on about one day ago

to have occurred on the date stated above, at 3:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cause of death
as result of Fracture
of skull

Date of onset

Other Contributory Causes of importance:

Run over by truck

Name of operation... none Date of operation

What test confirmed diagnosis: ~~autopsy~~ Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Oct. 31, 1936

Where did injury occur? At Fallston Md.

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

State Road

Manner of injury Run over by truck

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

W. Mifford Styrns, M.D.
Fallston Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis	NOV 6 1926	1921
Cerebral hemorrhage		July 5, 1927

BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:

Date of onset	
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10415

1. PLACE OF DEATH

County *Harford*Village or City *Bellair County Home*

(124-B)

Registration Dist. No. *182*

St., Ward

Length of residence in city or town where death occurred *3* yrs. *0* mos. *0* ds. How long in U.S. if of foreign birth? *0* yrs. *0* mos. *0* ds.2. FULL NAME *John Berger*(a) Residence: No. *County Home*

(Actual place of abode)

If U. S. Veteran, specify WAR _____

St., Ward. _____

If nonresident give city or town and State _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male*4. COLOR OR RACE *white*5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word) *single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, and year) *Apr 2 - 1876*

7. AGE

Years *60*Months *6*Days *0*If LESS than
1 day, _____. hrs.
or _____. min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BUDKEEPER, etc. *None*9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc. *None*10. Date deceased last worked at
this occupation (month and
year) *None*11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) *Baltimore**Baltimore*
Md

MOTHER FATHER

13. NAME *John Berger*14. BIRTHPLACE (city or town)
(State or country) *Baltimore**Baltimore*
*Md*15. MAIDEN NAME *Mathew*16. BIRTHPLACE (city or town)
(State or country) *Baltimore**Baltimore*
*Md*17. INFORMANT *Charles T. Patterson*
(Address) *Bellair Home*

18. BURIAL, CREMATION, OR REMOVAL

Place *County Home* Date *Oct 3*, 193619. UNDERTAKER *Deacon & Lester*
(Address) *Baltimore*20. FILED *Oct 3rd, 1936* *E. Richardson*
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH *Oct 2*

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

*Mar. 1**1936**Oct 2**1936*I last saw him alive on *Oct 2*, 1936; death is said
to have occurred on the date stated above, at *9:30 P.M.*The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:*Cirrhosis of Liver*
*(Catatrophic)*Date of onset
1 year ago

Other Contributory Causes of Importance:

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? *No*

23. If death was due to external causas (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____

Date of Injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *Willard P. Hudson* M.D.
(Address) *Forest Hill*, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborex" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	OCT 7 1928
Cerebral hemorrhage	July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10417

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County *Harford*

(No.)

Registration Dist. No. *141*Village or City *Liberland R.F.D.*

St.

Ward

Length of residence in city or town where death occurred *18* yrs.

mos. — ds. How long in U.S. if of foreign birth? yrs. — mos. — ds.

2. FULL NAME *James E. Christy*(a) Residence: No. *Bush Chapel*

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male*4. COLOR OR RACE *Colored*5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word) *MARRIED*5a. If married, widowed, or divorced
HUSBAND of
(or WIFE of) *Elijah Christy*6. DATE OF BIRTH (month, day, and year) *March 29 - 1865*7. AGE Years *71* Months *6* Days *23* If LESS than
1 day, — hrs.
or — min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc. *Farmer*9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc. *None*10. Date deceased last worked at *Oct 1926*
this occupation (month and
year) *Oct 1926* 11. Total time (years)
spent in this
occupation *51 yrs*12. BIRTHPLACE (city or town)
(State or country) *Harford Co., Maryland*13. NAME *John Henry Christy*14. BIRTHPLACE (city or town)
(State or country) *Harford Co., Maryland*15. MAIDEN NAME *Sally Reed*16. BIRTHPLACE (city or town)
(State or country) *Harford Co., Maryland*17. INFORMANT *Mr. Andrew Christy*
(Address) *Perryman Md.*18. BURIAL, CREMATION, OR REMOVAL
Place *Wm. M. Kennedy* Date *Oct. 24, 1936*19. UNDERTAKER *Henry Lanning Sons*
(Address) *Liberland Md.*20. FILED *Oct 24, 1936 O. G. Michael*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH *Oct 22*

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from *8-17-36*, 19 to *Oct 22*, 1936I last saw him alive on *Oct 22*, 1936; death is said
to have occurred on the date stated above, at *11:20 P.M.*The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:*Pleurisy & Effusion*

Date of onset

May 1936

Other Contributory Causes of Importance:

*Myocarditis, Acute. Convalescent.
Duration: six months.*

Name of operation _____ Data of _____

What test confirmed diagnosis? _____ Was there an autopsy? *No*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *Clarence L. Cowan* M. D.
(Address) *329 Revolution St. Harford Co.*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset 1915
Chronic interstitial nephritis	NOV 2 1936	1921
Cerebral hemorrhage	PEAU V. S.	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10416

183

1. PLACE OF DEATH

County

Garfield

907

Registration Dist. No.

Village or City

Rocks

St.,

Ward

Length of residence in city or town where death occurred

3 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

Beverly Edward Davis

U.S. Veteran specify WAR

(a) Residence: No.

Rocks.

St.,

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Male

White

Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Fannie C. Davis

6. DATE OF BIRTH (month, day, and year)

Sept 26-1874

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

8.

Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

9.

Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.

10.

Date deceased last worked at
this occupation (month and
year)

11.

Total time (years)
spent in this
occupation

12.

BIRTHPLACE (city or town)

13.

(State or country)

14.

BIRTHPLACE (city or town)

15.

(State or country)

16.

MAIDEN NAME

17.

Schroldia Dillie

18.

INFORMANT

19.

(Address)

20.

BURIAL, CREMATION, OR REMOVAL

21.

(Address)

22.

Place

23.

Date

24.

1936

25.

Nature of injury

26.

(Specify city or town, county and State)

27.

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

28.

Manner of injury

29.

Nature of injury

30.

Was disease or injury in any way related to occupation of deceased?

31.

If so, specify

32.

(Signed)

33.

M. D.

34.

(Address)

35.

Date

36.

Signature

37.

Date

38.

Name

39.

Place

40.

Date

41.

Signature

42.

Date

43.

Name

44.

Place

45.

Date

46.

Signature

47.

Date

48.

Name

49.

Place

50.

Date

51.

Signature

52.

Date

53.

Name

54.

Place

55.

Date

56.

Signature

57.

Date

58.

Name

59.

Place

60.

Date

61.

Signature

62.

Date

63.

Name

64.

Place

65.

Date

66.

Signature

67.

Date

68.

Name

69.

Place

70.

Date

71.

Signature

72.

Date

73.

Name

74.

Place

75.

Date

76.

Signature

77.

Date

78.

Name

79.

Place

80.

Date

81.

Signature

82.

Date

83.

Name

84.

Place

85.

Date

86.

Signature

87.

Date

88.

Name

89.

Place

90.

Date

91.

Signature

92.

Date

93.

Name

94.

Place

95.

Date

96.

Signature

97.

Date

98.

Name

99.

Place

100.

Date

101.

Signature

102.

Date

103.

Name

104.

Place

105.

Date

106.

Signature

107.

Date

108.

Name

109.

Place

110.

Date

111.

Signature

112.

Date

113.

Name

114.

Place

115.

Date

116.

Signature

117.

Date

118.

Name

119.

Place

120.

Date

121.

Signature

122.

Date

123.

Name

124.

Place

125.

Date

126.

Signature

127.

Date

128.

Name

129.

Place

130.

Date

131.

Signature

132.

Date

133.

Name

134.

Place

135.

Date

136.

Signature

137.

Date

138.

Name

139.

Place

140.

Date

141.

Signature

142.

Date

143.

Name

144.

Place

145.

Date

146.

Signature

147.

Date

148.

Name

149.

Place

150.

Date

151.

Signature

152.

Date

153.

Name

154.

Place

155.

Date

156.

Signature

157.

Date

158.

Name

159.

Place

160.

Date

161.

Signature

162.

Date

163.

Name

164.

Place

165.

Date

166.

Signature

167.

Date

168.

Name

169.

Place

170.

Date

171.

Signature

172.

Date

173.

Name

174.

Place

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	NOV 2 1936	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10418

1. PLACE OF DEATH

County HarfordVillage or City Kalmaria

Length of residence in city or town where death occurred

No. _____ St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

yrs. _____ mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Jannie Dutton

(a) Residence: No. _____

(Usual place of abode)

If U. S. Veteran, specify WAR _____

St., _____ Ward _____

If nonresident give city or town and State _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female Colored

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Died

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Geo. Dutton

6. DATE OF BIRTH (month, day, and year)

Jan. 19, 1860

7. AGE Years Months Days If LESS than

76 9 1 1 day, _____ hrs.
or _____ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

Oct 1936

11. Total time (years) spent in this occupation

Housework

at Home

12. BIRTHPLACE (city or town)

(State or country)

Starford Co.,
Md

MOTHER

FATHER

13. NAME Dennis Hiner

14. BIRTHPLACE (city or town)

(State or country)

Starford Co.,
Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)

(State or country)

Unknown
Unknown

17. INFORMANT

(Address) Surie Adam
516 E. Hanover St. Germantown

18. BURIAL, CREMATION OR REMOVAL

Place Clarkes Chapel Cemetery Date Oct. 14, 1936

19. UNDERTAKER

(Address) H. S. Bailey
Arlington, Md.

20. FILED Oct. 12, 1936 Virginia Chambers

Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct 11

(Month)

(Day)

1936
(Year)

22. I HEREBY CERTIFY That I attended deceased from

Oct 10, 1936 to Oct 11, 1936

I last saw her alive on Oct 10, 1936; death is said

to have occurred on the date stated above, et 9 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset
Oct 10, 1936

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What last confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Germantown, Philadelphia, Pennsylvania

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Willard P. Henderson M. D.

(Address) Forest Hill, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

NOV 6 1936

Date of onset

1915

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1921

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gallstones

Date of onset

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

Date of onset

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10419

1. PLACE OF DEATH

County

Harford

59

Registration Dist. No.

185

Village or City

Sapre de Grace

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Lethia Englund

(a) Residence: No. Chestnut Hill, Md.

Outside

Harford Co.

St.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Oct 20 - 1887

7. AGE

58

Years

7

Months

27

Days

27

If LESS than
1 day, ____ hrs.
or ____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)

Housework

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

(State or country)

Harford Co.

Maryland

MOTHER FATHER

13. NAME

Henry Englund

14. BIRTHPLACE (city or town)

(State or country)

Chesapeake

Maryland

15. MAIDEN NAME

Mary Jane Bull

16. BIRTHPLACE (city or town)

(State or country)

Chesapeake

Maryland

17. INFORMANT

(Address)

Melvin Englund

Forest Hill, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Chestnut Hill

Date Oct 19, 1936

19. UNDERTAKER

(Address)

Deacon & Foster

Bel Air, Md.

20. FILED

Date

Oct. 18, 1936

Charles J. Kelly, Jr.

Registrar.

21. DATE OF DEATH

Oct

(Month)

17

(Day)

1936

(Year)

22. I HEREBY CERTIFY. That I attended deceased from
Oct 12, 1936, to Oct 17, 1936I last saw her alive on Oct 17, 1936; death is said
to have occurred on the date stated above, et 1 P.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Diabetes Mellitus
Hypertension
Hemiplegia

Date of onset

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) _____

(Address) _____

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	NOV 5 1936	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

WITHIN CORPORATE LIMITS OF

STATE OF MARYLAND—CERTIFICATE OF DEATH

10420

1. PLACE OF DEATH

County

Harford

106-2

Registration Dist. No.

185

Village or City

Havre de Grace

St.,

Ward

Length of residence in city or town where death occurred

89 yrs. 5 mos. 29 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Josephine Myrtle Gilbert

U. S. Veteran, specify WAR

(a) Residence: No. 415 Green

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

National M. Gilbert

6. DATE OF BIRTH (month, day, and year)

Apr 23, 1947

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

89

5

29

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Retired

Housewife

12. BIRTHPLACE (city or town)
(State or country)

Cecil Co. Md.

13. NAME

Eliza Bargabty

Scotland

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

Mr. Walter H. Gilbert

(Address)

415 Green St. N. E.

18. BURIAL, CREMATION, OR REMOVAL

Place

Angel Bell Cemetery

Date

Oct 25, 1936

19. UNDERTAKER

(Address)

P. Madson Mitchell

Havre de Grace Md.

20. FILED

Oct 25, 1936

Charles J. Frey M. D.

Registrar

21. DATE OF DEATH

Oct.

22

(Month)

, 1936

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

19____, to

19____

I last saw her alive on

19____

to have occurred on the date stated above, at 6:50 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Diseases

Acute Bronchitis

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis		Date of onset	1915
Chronic interstitial nephritis	RECEIVED		1921
Cerebral hemorrhage		July 5, 1927	
	NOV 5 1930		
Other contributory causes of importance.			
Gallstones		May 1, 1923	

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset	1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		
Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN—

10421

STATE OF MARYLAND—CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County

Harford

(181)

Registration Dist. No. 185

Village or City

Habre de Grace

St.

Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Ruth Gulleau

(a) Residence: No. Bel Air Md.

Outside

St.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

SEX

Female white

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

April 1, 1933

7. AGE

Years Months Days If LESS than
3 5 18 1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month end year)

II. Total time (years)
spent in this occupation12. BIRTHPLACE (city or town)
(State or country)

Bel Air, Md

MOTHER FATHER

13. NAME Robert Gulleau

14. BIRTHPLACE (city or town)
(State or country)

Neb., Va.

15. MAIDEN NAME

Alice Gibbs

16. BIRTHPLACE (city or town)
(State or country)

Virginia

17. INFORMANT

Robert Gulleau

(Address)

Bel Air, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: St. Mark Chapel Date: Oct. 21, 1936

19. UNDERTAKER

Dean J. Foster

(Address)

Bel Air, Md.

20. FILED

Oct. 19, 1936 Charles J. Hay, M.D.

Registrar.

21. DATE OF DEATH

Oct
(Month)19
(Day), 1936
(Year)

22. I HEREBY CERTIFY That I attended deceased from

Oct 18, 1936, to Oct 19, 1936.

I last saw her alive on Oct 19, 1936; death is said to have occurred on the date stated above, at 6:40 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Strong Degree Burns
of Face, arms & Body.

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Oct 18, 1936

Where did injury occur? Bel Air, Md.

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Home

Nature of injury Burned by oil lamp as a hand

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) James H. Bay, M.D.

(Address) Horn & Lewis, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis **RECEIVED**
Chronic interstitial nephritis
Cerebral hemorrhage NOV 5 1936

111

BUREAU V. S.
Other contributory causes of importance:
Gallstones

Example II

The principal cause of death and related causes of importance were as follows:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10422

1. PLACE OF DEATH

County Harford
Village or City Baltimore

82A

Registration Dist. No. 182Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U.S. if of foreign birth? ys. mos. ds.

2. FULL NAME

(a) Residence: No. Baltimore

(Usual place of abode)

If U. S. Veteran, specify WAR _____

St. _____ Ward. _____

If nonresident give city or town and State _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Caucasian</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) <u>MARRIED</u>
----------------------	-----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofCharlotte Harris6. DATE OF BIRTH (month, day, and year) unknown 18637. AGE 73 Years 0 Months 0 Days 0 If LESS than
1 day, 0 hrs.
or 0 min.

8. Trade, profession, or particular kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL,
SAW MILL, BANK, etc.

10. Date decaasad last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore
(State or country) Mary13. NAME Henry Williamson
14. BIRTHPLACE (city or town) Baltimore
(State or country) Mary15. MAIDEN NAME Lucy Taylor
16. BIRTHPLACE (city or town) Baltimore
(State or country) Mary17. INFORMANT Henry Williamson
(Address) Baltimore18. BURIAL, CREMATION, OR REMOVAL
Place Charles Chapel Data Oct 30, 193619. UNDERTAKER Degan & Foster
(Address) Baltimore20. FILED Oct 30, 1936 U.C. Chambers
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct 28, 1936 (Month) Day 1936 (Year)22. I HEREBY CERTIFY. That I attended deceased from Oct 28, 1936, to Oct 28, 1936.I last saw her alive on 114 m. to have occurred on the date statad above, at 114 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:

Cerebral Hemorrhage Date of onset Oct 28, 1936

Other Contributory Causes of importanca:

Name of operation _____ Date of _____

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to axtarnai causas (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Whare did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Mannar of injury _____

Natura of injury _____

24. Was disaase or injury in any way ralated to occupation of decaasad? No

If so, specify _____

(Signed) Willard P. Hudson M. D.(Address) Forest Hill, Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	NOV 8 1936	1921
Cerebral hemorrhage		July 5, 1927
BUREAU V. S.		

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M

STATE OF MARYLAND—CERTIFICATE OF DEATH

10423

1. PLACE OF DEATH

County Harford
Village or City Morrisville

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

St.

Ward

Registration Dist. No.

183

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME George H. Bullock

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
<u>Male</u>	<u>White</u>	<u>Married</u>

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMary Bullock6. DATE OF BIRTH (month, day, and year) May 31 / 18 59

7. AGE	Years	Months	Days	If LESS than 1 day, or... hrs. min.
	77	4	3	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.	<u>Retired</u>
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	<u>Former</u>
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Morrisville13. NAME George Bullock14. BIRTHPLACE (city or town)
(State or country) Morrisville15. MAIDEN NAME Mary Branum16. BIRTHPLACE (city or town)
(State or country) Morrisville17. INFIRMANT John E. Bullock
(Address) Morrisville Md.18. BURIAL, CREMATION, OR REMOVAL
Place Morrisville Date Oct 6, 193619. UNDERTAKER H. Howard Heath
(Address) Grand Grove Md.20. FILED Oct 6, 1936 Jhos. R Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct 3

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20 - 1936 to Oct. 3 - 1936I last saw him alive on Oct. 3 - 1936; death is said to have occurred on the date stated above, at 9 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Candida Cystitatis
Mild Appendicitis
Failing Heart Function

Date of onset

Sept. 20 -Other Contributory Causes of Importance: Mild Appendicitis

Sept. 20 -
at start of disease

Sept. 20 -

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

J. H. Anthony M.D.
(Signed) New Park, Pa. M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10424 1936
907

1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

210-m

Registration Dist. No.

182

St., Ward

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

If U.S. Veteran specify WAR

Bel Air Md. St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female Negro

4. COLOR OR RACE

S. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

McK 28, 1907

7. AGE Years Months Days If LESS than
29 6 9 1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
SAWYER, BOOKKEEPER, etc.
Cook.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Md.

MOTHER FATHER

13. NAME

Garrett Jones

Md.

14. BIRTHPLACE (city or town)

(State or country)

Md.

15. MAIDEN NAME

Mary Boardley

Md.

16. BIRTHPLACE (city or town)

(State or country)

Md.

17. INFORMANT

(Address)

Mary Boardley

Md.

18. BURIAL, CREMATION, OR REMOVAL

(AMERICAN)

Platinum Ring

Date Oct 6, 1936

19. UNDERTAKER

(Address)

Garrett Jones

Md.

20. FILED

Oct 6, 1936 Virginia Chambers

Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

October
(Month)5
(Day)1936
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

, 19 , to , 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at , 3:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

broken neck & fractured skull as result of auto accident

Date of onset

Other Contributory Causes of importance:

Occurred in public places, on Bel-Air Road, one mile south of Bel-Air.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct 5, 1936

Where did injury occur? Bel Air, Harford County, Maryland
(Specify city of town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

in public place

Manner of injury Automobile accident

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Lima Williams
Bellair Md.

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	NOV 6 1936	July 5, 1927

BUREAU V. S.		

Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10425

1. PLACE OF DEATH

County Harford
 Village or City Dublin

82-a

Registration Dist. No.

184

St., Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Mary Jones

If U. S. Veteran, specify WAR

(a) Residence: No.

(Usual place of abode)

St., Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND
(or) WIFE ofJoseph Jones

6. DATE OF BIRTH (month, day, and year)

April 1, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	76	5	9	1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.	<u>Housework</u>
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	<u>at Home</u>
10. Data deceased last worked at this occupation (month and year)	<u>Sept 1936</u>
11. Total time (years) spent in this occupation	<u>Life</u>

12. BIRTHPLACE (city or town)
(State or country)13. NAME Geo. W. Smith14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME Sophia Sampson16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT Bertha Jones
(Address)18. BURIAL, Cremation or Removal
Place Dublin, Md. Date Oct. 12, 193619. UNDERTAKER J. S. Bailey
(Address)20. FILED Oct. 11, 1936 M. D. M. H. Kirk
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct. 10
(Month) (Day), 1936
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Oct 15, 1936, to Oct 10, 1936
I last saw her alive on Oct 9, 1936; death is said
to have occurred on the date stated above, at 4 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Cerebral hemorrhage

Date of onset

Other Contributory Causes of importance:

Arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicide? Date of injury _____, 19____

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HMDE, or in PUBLIC PLACE

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____ M. D.

(Signed) J. S. Bailey
(Address) Darlington

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10426

1. PLACE OF DEATH

County Harford

(46-B)

Registration Dist. No. 184Village or City Highland

St., Ward

Length of residence in city or town where death occurred 40 yrs.

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Emma E. Kellum

(a) Residence: No.

St. Ward.

If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Dec. 6 18737. AGE Years 62 Months 8 Days 14 If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. at Home10. Date deceased last worked at this occupation (month and year) May 1936 11. Total time (years) spent in this occupation life12. BIRTHPLACE (city or town)
(State or country) Harford Co., Md.13. NAME Wm. E. Kellum14. BIRTHPLACE (city or town)
(State or country) Harford Co., Md.15. MAIDEN NAME Elizabeth Surron16. BIRTHPLACE (city or town)
(State or country) Harford Co., Md.17. INFORMANT John W. Kellum
(Address) Forest, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Highland Cem. Date Oct. 23, 193619. UNDERTAKER J. D. Baile
(Address) Darlington, Md.20. FILED Oct. 22, 1936 M. D. Kirk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct. 20, 1936
(Month) (Day) (Year)22. I HEREBY CERTIFY. That I attended deceased from Sept. 1st, 1936, to Oct. 19, 1936.
I last saw her alive on Oct. 19, 1936; death is said to have occurred on the date stated above, at 9 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of stomach
+ liver
Prisary in stomach & liver
Duration: one year.

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____ M. D.

(Signed) H. E. Arthur(Address) Cardiff, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	<i>July 5, 1922</i>

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gallstones	May 1, 1920

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10427

1. PLACE OF DEATH

County Hanford,
 Village or City Blair's de Grace.

186-2a

Registration Dist. No. 185185

St., Ward

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.2. FULL NAME Mother Mary Leonard, if U. S. Veteran, specify WAR(a) Residence: Nd. Commerce St.
 (Usual place of abode)

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Singles</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____		

6. DATE OF BIRTH (month, day, and year)	<u>April 15-1858</u>		
7. AGE	Years <u>78</u>	Months <u>6</u>	Deys <u>12</u>
	If LESS than 1 day, ____ hrs. or ____ min.		

OCCUPATION <u>Teach</u>	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>1</u>

12. BIRTHPLACE (city or town) (State or country)	<u>Philadelphia, Pa.</u>		
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MOTHER FATHER	13. NAME <u>Henry Vogelbach</u> ,
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MOTHER FATHER	14. BIRTHPLACE (city or town) (State or country)
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MOTHER	15. MAIDEN NAME <u>Mary Jerolymack</u>
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MOTHER	16. BIRTHPLACE (city or town) (State or country)
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MOTHER	17. INFORMANT <u>St. Francis Villa</u> (Address) <u>Blair's de Grace, Md.</u>
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MOTHER	18. BURIAL, CREMATION, OR REMOVAL Place <u>Glen Ridge, Pa.</u> Date <u>Oct. 31, 1936</u>
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MOTHER	19. UNDERTAKER <u>William G. Thompson</u> (Address) <u>Blair's de Grace, Md.</u>
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MOTHER	20. FILED <u>Oct. 29, 1936</u> Clerk <u>Charles J. Kelly</u> M.D. (Address) <u>Blair's de Grace, Md.</u>
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. 2828
(Month)1936
(Year)22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1936, to Oct. 28, 1936.I last saw her alive on Oct. 28, 1936; death is said to have occurred on the date stated above, at 5 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Fracture Left Femur
Impacted at neck

Anti Cardiac Dilatation

Other Contributory Causes of importance:

Cardiac Failure

Name of operation _____ Date of _____

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct. 20, 1936Where did injury occur? Blair's de Grace, Md.

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

None St. Francis VillaManner of Injury Fell down stepsNature of injury Fracture left femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Charles J. Kelly M.D.(Address) Blair's de Grace, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	NOV 5 1926	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	HOSPITAL V.S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
	Attack of epilepsy	1 week ago
	Run over by street car	1 week ago
	Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923
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Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH 10428

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County *Harford*Village or City *Dublin*Length of residence in city or town where death occurred *35* yrs., *0* mos., *0* ds.

(59)

Registration Dist. No. *184*

St.

Ward

2. FULL NAME *Nelson McCann*

(a) Residence: No.

(Usual place of abode)

St., *0* Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male*4. COLOR OR RACE *White*5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word) *Widower*5a. If married, widowed, or divorced
HUSBAND of
(or wife of) *Mary E. McCann*6. DATE OF BIRTH (month, day, and year) *Feb. 14, 1871*7. AGE Years *65* Months *8* Days *16* If LESS than
1 day, *0* hrs.
or *0* min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc. *Merchant*9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc. *Country store*10. Date deceased last worked at
this occupation (month and
year) *Oct. 1936*11. Total time (years)
spent in this
occupation *35*12. BIRTHPLACE (city or town),
(State or country) *Harford Co., Md.*13. NAME *Wm. E. McCann*14. BIRTHPLACE (city or town),
(State or country) *Harford Co., Md.*15. MAIDEN NAME *Amanda Troutner*16. BIRTHPLACE (city or town),
(State or country) *Harford Co., Md.*17. INFORMANT *Mrs. Gardner Stuart*
(Address) *Upper Marlboro, Md.*18. BURIAL, CREMATION, OR REMOVAL
Place *Darlington Cem.* Date *Nov. 1, 1936*19. UNDERTAKER *H. S. Bailey*
(Address) *Darlington, Md.*20. FILED *Oct. 30, 1936* M. D. *W. Kirk*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH *Oct. 30, 1936*

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Oct. 27, 1936, to *Oct. 29, 1936*.I last saw him alive on *Oct. 29, 1936*; death is said
to have occurred on the date stated above, at *10 a.m.*The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

*Arteriosclerosis, hypertension,
myocarditis, diabetes followed
by left hemiplegia.*

Date of onset

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *H. E. Arthur* M. D.(Address) *Cairdell, Md.*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
------------	-------------

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10429

1. PLACE OF DEATH

County *Havre de Grace*Village or City *Morris Corners*

94a

Registration Dist. No. 180

St., Ward

Length of residence in city or town where death occurred

1 yrs. 1 mos. ds.

How long in U. S. if of foreign birth?

yrs. mos. ds.

2. FULL NAME

Cardiff Morris McConnell

(a) Residence: No.

Morris Corners

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

*White*5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)*Married*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Ella Miller*

6. DATE OF BIRTH (month, day, end year)

May 25-1877

7. AGE

Years	Months	Days	If LESS than
59	4	13	1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
Post Master

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
U.S. Post

10. Date deceased last worked at this occupation (month and year)
Oct 7-36

11. Total time (years) spent in this occupation /

12. BIRTHPLACE (city or town)

(State or country)

Maryland

MOTHER

FATHER

13. NAME *See now the Comas*

MOTHER

FATHER

14. BIRTHPLACE (city or town)

(State or country)

Maryland

15. MAIDEN NAME

Virginia E. Morris

16. BIRTHPLACE (city or town)

(State or country)

Maryland

17. INFORMANT

(Address)

McComas

18. BURIAL, CREMATION, OR REMOVAL

Place *Mountaintop Cemetery* Date *Oct 12, 1936*

19. UNDERTAKER

(Address)

*Howard C. McComas**Hagerstown, Md.*20. FILED *Oct 9, 1936* S. July M. Shipley*Local Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct

8

, 1936

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

July, 1936, to *Oct 8*, 1936I last saw him alive on *Oct 8*, 1936; death is saidto have occurred on the date stated above, at *4:45 p.m.*

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Anemia Factors

Date of onset

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

*Chart Room**Edgewood Md.*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	NOV 5 1926	1921
Cerebral hemorrhage		July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1 MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10430

1. PLACE OF DEATH

County DarfordVillage or City Havre de Grace

82-a

Registration Dist. No. 185St. WardLength of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. if of foreign birth? years mos. ds.2. FULL NAME Mary E. Arnould(a) Residence: No. Pennington St.

(Usual place of abode)

If U. S. Veteran, specify WAR

Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female white

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)
married5a. If married, widowed, or divorced
HUSBAND or
(or) WIFE ofElarence Arnould

6. DATE OF BIRTH (month, day, and year)

June 19-1870

Years 66Months 3Days 17If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.Houseworks9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Spentia-Darford Co.
Maryland

MOTHER FATHER

13. NAME Samuel F. Gots14. BIRTHPLACE (city or town)
(State or country)Darford Co.
Maryland15. MAIDEN NAME Mary E. Smith16. BIRTHPLACE (city or town)
(State or country)Six Creek
Maryland17. INFORMANT Elarence Arnould
(Address) Havre de Grace, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Angel Hill Date Oct. 9th 193619. UNDERTAKER Pennington
(Address) Havre de Grace, Md.20. FILED Oct. 9, 1936 Charlton H. Bay, Md.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

October
(Month)6th
(Day)1936
(Year)

22. I HEREBY CERTIFY That I attended deceased from

Oct. 6th, 1936 to Oct. 6th, 1936I last saw her alive on Oct. 6th, 1936; death is said
to have occurred on the date stated above, at 10:30 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Cerebral Hemorrhage
Date of onset _____

Other Contributory Causes of importance:

Arterio Sclerosis
Hyper tension
Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

* Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) James H. Bay M.D.
(Address) Baltimore, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows: ETVED	
Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	NOV 5 1936
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	Other contributory causes of importance:
	Gastroenteritis
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10431

1. PLACE OF DEATH

County. Harford

Registration Dist. No. 180

Village or City Edgewood Arsenal, Md.

St.

Ward

Length of residence in city or town where death occurred 8 yrs. 6 mos. 15 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Pettit

(a) Residence: No. Edgewood Arsenal, Md. (Usual place of abode)

No. Station Hospital

If death occurred in a hospital or institution, give its NAME instead of street and number

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) April 25, 1904.

7. AGE Years Months Days If LESS than
32 5 14 1 day, ___ hrs.
or ___ min.8. Trade, profession, or particular kind of work done, as SPINNER
SAWYER, BOOKKEEPER, etc. Non-commissioned Officer
9. Industry or business in which work was done, as SILK MILL,
SAW MILL, BANK, etc. U. S. Army
10. Date deceased last worked at this occupation (month and year) Oct. 9, 1936.
11. Total time (years) spent in this occupation 812. BIRTHPLACE (city or town) Suderville, N. J.
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)17. INFORMANT U. S. Army Records
(Address) Edgewood Arsenal, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Millville, N.J. Date Oct. 12, 1936

19. UNDERTAKER Howard K. McComas,
(Address) Abingdon, Md.20. FILED Oct. 10, 1936 Emily M. Shipley
of local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

October (Month) 9 (Day), 1936 (Year)

22. I HEREBY CERTIFY. That I attended deceased from Oct. 9, 1936, to Oct. 9, 1936.

I last saw him alive on Oct. 9, 1936; death is said to have occurred on the date stated above, at 5:58 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Fracture, severe, base skull

Fracture, severe, depressed, involving left half frontal bone.

Date of onset
10/9/36

10/9/36

Other Contributory Causes of Importance:

None

Name of operation None Date of None

What test confirmed diagnosis Examination Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct. 9, 1936

Where did injury occur? Mechanicsville, Md.

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Public highway.

Manner of injury Automobile accident.

Nature of injury Fracture of skull.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Alex. P. Kelly, Major, M.C., M.D.
(Address) Edgewood Arsenal, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as, grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED
Chronic interstitial nephritis	
Cerebral hemorrhage	NOV 5 1936
BUREAU V. S.	
Other contributory causes of importance?	

Example II

The principal cause of death and related causes of importance were as follows:

Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1, 1928	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10432

1. PLACE OF DEATH

County

Harford
Janesville

Village or City

Length of residence in city or town where death occurred. 2 yrs mos. 11 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Annie J. Pocock

(a) Residence: No.

near Janesville St.

82a

Registration Dist. No.

183

St.

Ward

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female white

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)
widow

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Charles W. Pocock

6. DATE OF BIRTH (month, day, and year)

Feb 15 1859

7. AGE

Years
77Months
8Days
16If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

House

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Harford Co

Md

13. NAME

Joshua Nelson

14. BIRTHPLACE (city or town)
(State or country)

Harford Co

Md

15. MATURE NAME

Elden Hole

16. BIRTHPLACE (city or town)
(State or country)

Harford Co

Md

17. INFORMANT

Charles Pocock

(Address)

Salisbury Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Bethel Cem. Date Nov 2, 1936

19. UNDERTAKER

S. G. Pocock & Son

(Address)

Janesville

20. FILED Nov. 26, 1936 Thos P. Brown

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

October

31

1936

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Sept 15, 1936, to October 31, 1936

I last saw deceased alive on 1936; death is said

to have occurred on the date stated above, at 10 AM.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Hemorrhage of Brain Jan 5, 1936

Date of onset

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Hugh P. Bradley M. D.

(Address) Garrettsville, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis OCT 23 1925

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gallstones

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	NOV 5 1930	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUFFALO N. Y.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

© THE CORPORATION LIMITS OF

STATE OF MARYLAND—CERTIFICATE OF DEATH

10436

1. PLACE OF DEATH

County BladensburgVillage or City St. Anne de Grace,

93-C

Registration Dist. No. 185

St., Ward

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. If of foreign birth? years. mos. ds.

2. FULL NAME

Phillis Skinner

If U. S. Veteran, specify WAR

(a) Residence: No.

St., Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female Colored

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced
HUSBAND OR
(or) WIFE OF

6. DATE OF BIRTH (month, day, and year)

May 25 - 19027. AGE Years 28 Months 4 Days 9 If LESS than
1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)Coronavirus
Maryland13. NAME Jacob Smith14. BIRTHPLACE (city or town)
(State or country)Unknown15. MAIDEN NAME Anna Smith16. BIRTHPLACE (city or town)
(State or country)Coronavirus
Maryland17. INFORMANT John T. Skinner

(Address)

Place St. James Cem. Date Oct. 7, 1936

18. BURIAL, CREMATION, OR REMOVAL

Place St. James Cem. Date Oct. 7, 193619. UNDERTAKER Young & Son

(Address)

20. FILED October 8, 1936

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

October41936

22. I HEREBY CERTIFY That I attended deceased from

Oct 3, 1936, to Oct 4, 1936I last saw him alive on October 4, 1936; death is said to have occurred on the date stated above, at 7:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Coronary thrombosisDate of onset
Oct 4, 1936

Other Contributory Causes of importance:

Hypertension; Chronic Cough.
Duration: One yearName of operation None Date of —What test confirmed diagnosis? _____ Was there an autopsy? No23. If death was due to external causes (VIOLENCE) fill in also the following: NoAccident, suicide, or homicide? _____ Date of injury —, 19—

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Jay Herbert M. D.(Address) St. Anne de Grace Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	Nov 5 1926
Cerebral hemorrhage	July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10437

1. PLACE OF DEATH

County HagerstownVillage or City New Bush

94a

Registration Dist. No.

180

St., Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

Jay Hugh SteierPerryman, Md.

If U. S. Veteran, specify WAR

WorldHoliday

If nonresident give city or town and State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
<u>Male</u>	<u>White</u>	<u>Married</u>		
5a. If married, widowed or divorced <u>HUSBAND of</u> <u>Siley Patterson Steier</u>				
6. DATE OF BIRTH (month, day, end year) <u>June 18, 1865</u>				
7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	<u>71</u>	<u>3</u>	<u>19</u>	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Physician</u>				
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Practice of Medicine</u>				
10. Date deceased last worked in this occupation (month and year) <u>April 1936</u>				
11. Total time (years) spent in this occupation <u>51 yrs</u>				
12. BIRTHPLACE (city or town) (State or country) <u>New Market</u> <u>Frederick Co. Maryland</u>				
13. NAME & FATHER <u>Nathaniel St. Steier</u>				
14. BIRTHPLACE (city or town) (State or country) <u>New Market</u> <u>Md.</u>				
15. MAIDEN NAME <u>Achsaah Barber</u>				
16. BIRTHPLACE (city or town) (State or country) <u>Washington County</u> <u>Maryland</u>				
17. INFORMANT <u>AK Dulaney, M.D.</u> (Address) <u>Perryman</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Syracuse Eng.</u> Date <u>Oct. 8, 1936</u>				
19. UNDERTAKER <u>Henry Tamm & Sons</u> (Address) <u>Aberdeen Ind.</u>				
20. FILED <u>October 7, 1936</u> Comly M. Shipleyp (Local Registrar)				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

October 6

(Month)

(Day)

, 1936
(Year)

22. I HEREBY CERTIFY, That I attended deceased from James 5, 1936 to Oct 6, 1936. Last saw him alive on Oct 4, 1936; death is said to have occurred on the date stated above, at 7:30 A.M.. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Eugene Peatoni -

Date of onset

Other Contributory Causes of Importance:

General arterio sclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed)

(Address)

AK Dulaney
Perryman, Md.
M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County

Harford

(13)

Registration Dist. No.

10438
183

Village or City

Federal Hill

St.

Ward

Length of residence in city or town where death occurred

No.
yrs. mos. ds.

How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

Federal Hill St.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female col

4. COLOR OR RACE

S. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

widow

5a. If married, widowed, or divorced

HUSBAND OF
(or) WIFE OF

wif walter Sevann

6. DATE OF BIRTH (month, day, and year)

Feb 12 1873

7. AGE

Years

63

Months

8

Days

4

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, etc.10. Date deceased last worked at
this occupation (month and
year)

House wife

—

11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Federal Hill
Md.

13. NAME

John Smith

14. BIRTHPLACE (city or town)
(State or country)

Md

15. MAIDEN NAME

Catherine E Janine

16. BIRTHPLACE (city or town)
(State or country)Harford Co
Md.

17. INFORMANT

Oscar Sevann
Rocks Md.

18. BURIAL, CREMATION, OR REMOVAL

Place of burial Date

Baltimore Oct 20, 1936

19. UNDERTAKER

Address

E. Gentry Son

20. FILED

Date

Oct 20, 1936

Thos P Brown

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct 16
(Month)

(Day)

1936
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Sept 10, 1936, to Oct 16, 1936

I last saw her alive on Oct 8, 1936; death is said
to have occurred on the date stated above, at 6 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Cerebral Hemorrhage + Myocarditis
Date of onset

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury _____, 1936

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) H. F. Bradley M. D.

(Address) Gamettsville Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	NOV 2 1935	July 5, 1927

Other contributory causes of importance:	BUREAU V. S.	
Gallstones		May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10430

1. PLACE OF DEATH

County HarfordVillage or City Havre de Grace, Md.

93-2

Registration Dist. No. 185St. Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Annie Taylor(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widow</u>
----------------------	---------------------------------	---

5e. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown6. DATE OF BIRTH (month, day, and year) Unknown
7. AGE Years alt., 87 Months Days If LESS than
1 day, hrs.
or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Housework</u>
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u> </u>
	10. Date deceased last worked at this occupation (month and year) <u> </u>
	11. Total time (years) spent in this occupation <u> </u>

12. BIRTHPLACE (city or town)
(State or country) Maryland13. NAME Charles St. Palmer
14. BIRTHPLACE (city or town)
(State or country) Maryland15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town)
(State or country) 17. INFORMANT Mrs. Palmer James,
(Address) Havre de Grace, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Havre de Grace, Md. Date Nov. 1, 193619. UNDERTAKER Henry Taylor,
(Address) Havre de Grace, Md.20. FILED Nov. 1, 1936 Charles J. Foley, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct. 30, 1936
(Month) (Day) (Year)22. I HEREBY CERTIFY. That I attended deceased from
19, to, 19.I last saw him alive on ; death is said
to have occurred on the date stated above, at m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Chronic Myocarditis over
Period of years, Coronary
thrombosisDate of onset 10/30/36

Other Contributory Causes of Importance:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? noIf so, specify C. Danchier Coroner M.D.(Signed) C. Danchier Coroner M.D.(Address) Havre de Grace, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
NOV 5 1927	
Other contributory causes of importance: Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10440

1. PLACE OF DEATH

Harford
County

(13)

Registration Dist. No. 185

Village or City Havre de Grace

St., Ward

Length of residence in city or town where death occurred 73 yrs. 2 mos.

No. If death occurred in a hospital or institution, give its NAME instead of street and number

mos. 0 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Laura Trinkle U. S. Veteran, specify WAR

(a) Residence: No. 123 No. Stokes

St., Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
---------------	------------------------	---

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Charles H. Trinkle

6. DATE OF BIRTH (month, day, and year)

Aug 21, 1936

7. AGE Years 73	Months 2	Days 0	If LESS than 1 day, _____ hrs. or _____ min.
-----------------	----------	--------	---

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	House Duties
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	Sept. 36
11. Total time (years) spent in this occupation	55 yrs

12. BIRTHPLACE (city or town)
(State or country)

Harford Co.

Wm Carr

13. NAME Wm Carr

14. BIRTHPLACE (city or town)
(State or country)

Md.

15. MATURE NAME Mary Bayless

16. BIRTHPLACE (city or town)
(State or country)

Md.

17. INFORMANT Mr. George Trinkle

(Address) 123 No. Stokes St. Wards.

18. BURIAL, CREMATION, OR REMOVAL

Place Wesleyan Chapel Date Oct 23, 1936

19. UNDERTAKER P. Madison Mitchell

(Address) Havre de Grace, Md.

20. FILED 23, 1936 Charles T. Kelly, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct 21, 1936
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Oct 20, 1936, to Oct 21, 1936

I last saw her alive on Oct 20, 1936; death is said to have occurred on the date stated above, at 8:45 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral hemorrhage Date of onset Oct 14

Other Contributory Causes of importance:

nephritis
(Chronic
inflammation)

Name of operation _____ Date of _____

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury _____, 19____

Where did Injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Frank Herbert M. D.
(Address) Havre de Grace, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10441

1. PLACE OF DEATH

County

Harford

Village or City

Chestertown P. O.

117

Registration Dist. No. 181

St.

Ward

Length of residence in city or town where death occurred

yrs. 2 1/2

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

Bobby Edward Vaughn

(a) Residence: No.

Spartina Road

St.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

July 20th 1926

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	27	-	17	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Harford Co., Maryland

13. NAME
MOTHER / FATHER

Charles E. Vaughn

14. BIRTHPLACE (city or town)
(State or country)

Virginia

15. MAIDEN NAME

Mildred Singleton

16. BIRTHPLACE (city or town)
(State or country)

Harford Co., Maryland

17. INFORMANT
(Address)Mr. Charles E. Vaughn
Chestertown Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Burial Cemetery Date Oct 9th, 193619. UNDERTAKER
(Address)Henry Tammis Sons
Chestertown Md.20. FILED
Date Oct 9, 1936

06 Michael

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct

7

1936

22. I HEREBY CERTIFY, That I attended deceased from

Oct 7, 1936, to October 7, 1936

I last saw him alive on October 6, 1936, death is said to have occurred on the date stated above, at 3:00 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Geo Cattino

Date of onset

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) _____

(Address) _____

N. J. Anderson, M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	NOV 2 1950
Cerebral hemorrhage	July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones	Date of onset
	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WITHIN CORPORATE LIMITS
STATE OF MARYLAND—CERTIFICATE OF DEATH

10442

1. PLACE OF DEATH

County

Harford
Havre de Grace

Registration Dist. No. 185

Village or City

St., Ward

Length of residence in city or town where death occurred

yrs. 6 mos. 16 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

328 Lodge

St., Ward.

If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (Write the word)

Female Negro

Baby

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

7. AGE

Years

Months

Days

If LESS than

1 day,
hrs.
or
min.

1 6 26

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

Date

Address

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

October 26
(Month) (Day), 1936
(Year)

22. I HEREBY CERTIFY That I attended deceased from

Oct. 26, 1936, to Oct. 26, 1936

I last saw her alive on Oct. 26, 1936; death is said
to have occurred on the date stated above, et. 11:30 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Pertussis
Congenital Debility

Other Contributory Causes of importance:

Cardiac Failure

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) _____ M. D.

(Address) _____

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1921
Cerebral hemorrhage	NOV 5 1936	July 5, 1927

BUREAU U. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10443

1. PLACE OF DEATH

County

Harford
Mr. Belair Md.

157-C

Registration Dist. No. 182

Village or City

St.

Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Infant Walters

(a) Residence: No.

If U. S. Veteran, specify WAR

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Oct. 20, 1936

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)II. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Near Belair Md.

FATHER

13. NAME

Paul Walters

14. BIRTHPLACE (city or town)
(State or country)

Harford Co. Md.

MOTHER

15. MAIDEN NAME

Margaret E. Walters

16. BIRTHPLACE (city or town)
(State or country)

Harford Co. Md.

17. INFORMANT

(Address)

Paul Walters
Mr. Belair Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Friendship Cemetery

Oct. 21st, 1936

19. UNDERTAKER

(Address)

Horberger & Gross
Benson Md.

20. FILED

(Address)

Oct. 20, 1936 N.E. Richardson

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct 20

(Month)

(Day)

1936

(Year)

22. I HEREBY CERTIFY

That I attended deceased from
Oct 20, 1936, to Oct 20, 1936I last saw him alive on Oct 20, 1936; death is said
to have occurred on the date stated above, at 9A.m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Congenital Heart Disease

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Willard P. Hudson
(Address) Forest Tree, Md. M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	NOV 6 1926	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU U. S.	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—**WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.** Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WITHIN CORPORATE LIMITS OF

STATE OF MARYLAND—CERTIFICATE OF DEATH

10444

1. PLACE OF DEATH

County Harford,Village or City Elmwood,

(13-1)

Registration Dist. No. 185St.

Ward

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. 400St. Market

If U. S. Veteran, specify WAR

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

male white

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years 68Months 3Days 14If LESS than
1 day, _____ hrs.
or _____ min.

July 3-1868

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED Oct 9, 1936

merchandiser

Grocery Store

T

11. Total time (years)
spent in this
occupation

Philadelphia

Pa.

Philadelphia

Pa.

Margaret Farrell

Philadelphia

Pa.

Mrs. Frank D. Wilson

Elmwood

Md.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct

7

(Month)

(Day)

, 1936
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Sept 28, 1936, to Oct 6, 1936; death is said

I last saw him alive on Oct. 6, 1936; death is said
to have occurred on the date stated above, at _____ m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Acute Myo Carditis

Date of onset

Other Contributory Causes of importance:

Cardiac Failure

Name of operation _____ Non Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) F. D. Wilson M. O.(Address) Harris Dr. Elmwood Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Nov 5 1936	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	LUDW V. B.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Havre de Grace
Village or City Rocks

Length of residence in city or town where death occurred yrs.

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
<u>Female</u>	<u>White</u>	<u>Married</u>

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of J. Clarence Wilson

6. DATE OF BIRTH (month, day, end year) Feb 17 1873

7. AGE	Years	Months	Days	If LESS than 1 day, or..... hrs. min.
<u>63</u>	<u>7</u>	<u>16</u>		

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
<u>Housewife</u>		

12. BIRTHPLACE (city or town)
(State or country) Baltimore13. NAME Mary Elizabeth14. BIRTHPLACE (city or town)
(State or country) Baltimore15. MAIDEN NAME Mary Holloway16. BIRTHPLACE (city or town)
(State or country) Baltimore17. INFORMANT J. Clarence Wilson18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Oct 6, 193619. UNDERTAKER Havre de Grace20. FILED Oct 6, 1936 M. D. P. Brown

Registrar.

10445

Registration Dist. No. 183

No.

St.

Ward

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct. 2, 1936

22. I HEREBY CERTIFY. That I attended deceased from

July 16, 1936, to Sept. 10, 1936; death is saidI last saw her alive on Sept. 10, 1936; death is saidto have occurred on the date stated above, at 10:30 A.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis, hypertension
several days before onset of
paralysis followed by
Paroxysmal Thrombosis

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) A. E. Arthur M. D.(Address) Cardiff, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset BUREAU A. S. 1 week ago
Run over by street car	1 week ago
Peritonitis	NOV 2 1936 3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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1. PLACE OF DEATH

County Havre de GraceVillage or City Havre de Grace

948

Registration Dist. No. 185

10446

St.

Ward

Length of residence in city or town where death occurred 59 yrs. 3 mos. 14 ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.2. FULL NAME Walter E. Wilson

(a) Residence: No. _____

(Usual place of abode)

St. _____

Ward. _____

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Male white widower5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofBertie Evans

6. DATE OF BIRTH (month, day, and year)

June 27, 1877

7. AGE Years 59 Months 3 Days 14 If LESS than
1 day, _____.hrs.
or _____.min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year) _____11. Total time (years)
spent in this
occupationlabor12. BIRTHPLACE (city or town)
(State or country)Havre de Grace
Maryland13. NAME Walter Wilson14. BIRTHPLACE (city or town)
(State or country)Havre de Grace
Maryland15. MAIDEN NAME Sarah Dylan16. BIRTHPLACE (city or town)
(State or country)Havre de Grace
Maryland17. INFORMANT Rate Wilson

(Address)

Havre de Grace, Md.Place Angel Hill Data Oct. 15, 1936

18. BURIAL, CREMATION, OR REMOVAL

Havre de Grace

(Address)

19. UNDERTAKER Gwynn & Son

(Address)

Havre de Grace, Md.

(Address)

20. FILED Oct. 13, 1936 Charles J. Doherty

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct. 10th (Month) 1936 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

, 19_____, to , 19_____, death is said

I last saw him alive on _____; death is said
to have occurred on the date stated above, at _____ m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Heart FailureDate of operation 10/10/36

Primary Cause: Coronary Thrombosis

Duration: not stated Causa.

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Found Dead Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Public Place

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

J. C. Dancheart M.D.

(Signed)

(Address)

Havre de Grace

UNITED STATES STANDARD CERTIFICATE OF DEATH

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Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage		July 5, 1927
	NOV 5 1936	
Other contributory causes of importance:	BOSTON V. S.	
Gallstones		May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN